



**City of Danbury**  
155 Deer Hill Ave  
Danbury, CT 06810

For Questions Please Contact the Permit Office at (203) 796-1653

## ***APPLICATION FOR PERMIT TO INSTALL BUILDING SERVICE EQUIPMENT***

### **Information Sheet**

- ❑ FILL OUT APPLICATION AS COMPLETELY AS POSSIBLE AND LEGIBLE
- ❑ IF PLANS ARE AVAILABE AND ARE NEEDED WITH APPLICATION PROVIDE 2 SETS; IF BUILDING OVER 5,000 SQUARE FT AND/OR SERVICE IS 800 AMPS OR LARGER MUST PROVIDE STAMPED SETS OF DRAWINGS.
- ❑ IF IN CONJUNCTION WITH A BUILDING PERMIT--APPLICATION MUST HAVE BUILDING PERMIT NUMBER
- ❑ IF THIS IS FOR A SERVICE FROM CL&P--TEMPORARY, NEW, OR A CHANGE THE CRS (CUSTOMER REQUEST FOR SERVICE) NUMBER MUST BE NOTED.
- ❑ NO WORK SHALL BE STARTED UNTIL YOU HAVE RECEIVED PERMIT IN MAIL.
- ❑ ALL INSPECTIONS NEED TO BE CALLED IN AND SCHEDULED WITH A SECRETARY, YOU WILL NEED JOB ADDRESS & PERMIT NUMBER, IF THIS IS FOR A SERVICE YOU WILL NEED THE CRS NUMBER ALSO. PLEASE KEEP IN MIND THAT INSPECTION REQUESTS WILL NOT BE TAKEN FROM VOICEMAIL.
- ❑ INSULATION SHOULD NOT BE INSTALLED IN ANY LOCATIONS, AND SHOULD NOT BE BLOCKING ANY WALLS.
- ❑ PLEASE REMEMBER THE CITY OF DANBURY DOES NOT ALLOW ONE-SIDE SHEETROCK IN ANY AREAS BEFORE ELECTRICAL ROUGH INSPECTIONS.
- ❑ ON INSPECTIONS: IF VOICE, DATA, ALARM WIRING IS NOT ROUGHED IN WALLS THERE MUST BE A MIN 3/4" CONDUIT SLEEVE IN WALL CAVITY BEFORE ELECTRICAL ROUGH WILL PASS. SLEEVES MUST HAVE BUSHINGS ON EACH END. ON NEW CONSTRUCTION, NO SNAKING IN WALLS OR JUST PULL STRINGS WILL NOT BE ALLOWED.
- ❑ ALL PERMITS (OR COPIES) MUST BE POSTED ELECTRICAL, VOICE-DATA, ALARM. AND JOB COPY OF PLANS MUST BE ON SITE OR NO INSPECTION WILL BE MADE.



**City of Danbury**  
155 Deer Hill Ave  
Danbury, CT 06810

For Questions Please Contact the Permit Office at (203) 796-1653

**APPLICATION FOR PERMIT TO INSTALL  
BUILDING SERVICE EQUIPMENT**

Alarm: Electric: Voice Data: Other: \_\_\_\_\_ CRS# \_\_\_\_\_

Is this in conjunction with a building permit? Yes No If yes, building permit number # \_\_\_\_\_

Plans with permit: Yes No # of sets: \_\_\_\_\_

**Job Address:** \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Building Use Group \_\_\_\_\_ Stories: \_\_\_\_\_ Public or Private \_\_\_\_\_

Current Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_ Number of Units: \_\_\_\_\_

**Licensed Contractor:** \_\_\_\_\_

License #: \_\_\_\_\_ Classification: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Numbers: Phone Number: \_\_\_\_\_ Other: \_\_\_\_\_

**Detailed Work Description:**

(Please be Specific)

**Total Estimated Construction Value:** \$ \_\_\_\_\_

*Applicant (print):* \_\_\_\_\_

*Applicant Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**\*\*\* Do Not Write Below This Line \*\*\***

**Permit Fee:** \$ \_\_\_\_\_ **Cash / Ck:** \_\_\_\_\_ **Initial:** \_\_\_\_\_

**Assessor's Lot #:** \_\_\_\_\_ **Application #:** \_\_\_\_\_

Taxes, Water, or Sewer overdue? Yes No Code Enforcement? Yes No

Worker Compensation/Liability Insurance Certificate: \_\_\_\_\_

Home Owner / Sole Proprietor Affidavit: \_\_\_\_\_

**Inspector Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# CONNECTICUT WORKERS' COMPENSATION INSURANCE AFFIDAVIT

## FOR PROPERTY OWNERS OR SOLE PROPRIETORS

DATE: \_\_\_\_\_

PROPERTY OWNER(S) NAME \_\_\_\_\_

OR

SOLE PROPRIETOR \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_

IN THE CITY OF DANBURY

I, \_\_\_\_\_, THE OWNER OF THE ABOVE DESCRIBED PROPERTY OR A SOLE PROPRIETOR, HEREBY SWEAR AND ATTEST THAT I WILL REQUIRE PROOF OF WORKERS' COMPENSATION INSURANCE FROM EACH AND EVERY CONTRACTOR, SUBCONTRACTOR OR OTHER WORKER BEFORE HE/SHE ENGAGES IN WORK ON THE ABOVE DESCRIBED PROPERTY IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 568.

I UNDERSTAND THAT PURSUANT TO §31-275 OF THE CONNECTICUT GENERAL STATUTES, OFFICERS OF A CORPORATION AND PARTNERS IN A BUSINESS MAY ELECT TO BE EXCLUDED FROM COVERAGE BY FILING A WAIVER IN ACCORDANCE WITH §31-275, AND THAT SOLE PROPRIETORS ARE NOT REQUIRED TO HAVE COVERAGE, UNLESS THEY FILE THEIR INTENT TO ACCEPT COVERAGE PURSUANT TO §31-275.

\_\_\_\_\_  
(Signed)

\_\_\_\_\_  
(Date)

### OATH

\_\_\_\_\_  
(NOTARY, COMMISSIONER OF SUPERIOR COURT,  
JUSTICE OF THE PEACE)

"Subscribed and sworn to before me  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_"

DATE COMMISSION EXPIRES: \_\_\_\_\_